ENTRY BLANK
PLEASE TYPE OR PRINT Entered previous May Show
yes 🗆 no
Mr. Artist Scott MAL GREGOR
(Past Name Last)
Permanent #16
Permanent 3260 Warren RD. CLEVELANS
Street City
44111 Tel. (216) 252-5724
Zip Area Code
Temporary or Studio Address
Street City
Tel. ()
Zip Area Code
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?
Collaborator
(If Any)
If May Show entries are not accepted or not sold:
Artist will pick up at Museum.
Museum should dispose of.
☐ Museum should ship to artist C.O.D. at this address:
Special Instructions
When necessary include below instructions or a drawing of how
the object is to be assembled and displayed.
This entry blank must be fully made out and signed. Unsigned

entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 13, 1979.

The submission of bjects will be construed as acceptance of all conditions printed in the entry information.

ENTRY BLAN	IKS					
	1. Pain 4. Scul	_		cs 3. Pho		
		135 mm (OME 64	ens			
Title Winn	ುಂಬ	LACE				
Price or NFS	Insurance Value if NFS Only			PRINT SIZE 11X14"		
GRAPHICS AND PHOTOGRAPHY ONLY						
Additional No. For Sale		Total No. in Edi	tion	Price Unframed	Price of Frame	
ACCEPTED REJECTED	DO N	WRITE IN	(3		REJECTED	
		tings 2. 0 pture 5. 1	-			
		135 MM		WS		
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Price or NFS Insurance Value If NFS Only				Size PRINTSIZE: 547"		
GRAPHICS AND PHOTOGRAPHY ONLY						
Additional No. Fo	r Sale	Total No. in Ed	ition	Price Unframed	Price of Frame	
ACCEPTED	DO NO	TWOITEIN	100	CEPTED	BECEIVED	
REJECTED		T WRITE IN ECTION		SJECTED	DATE	

X